

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. *10/579828* FILING DATE

APPLICATION

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	/						51					
2		/						52					
3		/						53					
4		/						54					
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47								97					
48								98					
49								99					
50								100					
TOTAL IND.	2	↓			↓			TOTAL IND.	↓				
TOTAL DEP.	6	←			←			TOTAL DEP.	↓				↓
TOTAL CLAS/DES	8	████████			████████			TOTAL CLAS/DES	████████				████████